

| Status | Date       | Medication  | Dose  | Number |
|--------|------------|-------------|-------|--------|
| Using  | 04/01/2000 | Amoxicillin | 500mg | 30     |
| Using  | 01/01/2000 | Zithromax   | 1     | 20     |

## ▼ Chief Complaint / Hx

Chief Complaint Back pain  
 Location Lower back  
 Quality achy; spasmy  
 Severity moderate  
 Duration 1 month  
 Timing constant  
 Context occurred after ?  
 Modifying Factors better with standing  
 Associated pain down back of leg?  
 Signs/Symptoms  
 Dictated HPI: 45 yo Meds reviewed.  
 Back as in template.

## ▼ Review of Systems

General-follow up

Use Profile

**General**

Weight Gain/Loss none; zxc ; jjlk  
 Fatigue none  
 Night Sweats

**Skin**

Eruptions/Rashes none  
 Itching/Jaundice none  
 Changes in  
 Pigment/Texture  
 Abnormal  
 Nails/Psoriasis

**Head**

Headache none  
 Dizziness none  
 Head Trauma

**Ears**

Hearing Defect  
 Earache  
 Tinnitus  
 Discharge from Ear

**Eyes**

Changes in Vision  
 Inflammation  
 Diplopia

**Nose**

Epistaxis  
 Discharge  
 Chronic Sinusitis

## Lacrimation

### Mouth

Condition of  
Teeth/Dentures  
Persistant Sores  
Sore Throat  
Dysphagia  
Hoarseness

### Breasts

Masses  
Tenderness  
Discharge

### Cardio

|                   |      |
|-------------------|------|
| Chest Pain/Angina | none |
| Heart Failure     |      |
| Heart Attacks     |      |
| SOB               | none |
| PND               | none |
| DOE               | none |
| Orthopnea         | none |
| Palpitation       | none |
| Edema             | none |
| Murmurs           |      |
| Varicosities      |      |

### G.U.

|                                    |      |
|------------------------------------|------|
| Kidney infections                  |      |
| Stones                             |      |
| Bladder infections                 | none |
| Difficulty/Burning on<br>urination | none |
| Frequency Urination                | none |
| Hematuria                          |      |
| Bladder Discharge                  | none |

### Musculoskeletal

Pain/swelling in joint or  
muscle  
Weakness  
Pain in legs  
Sores on feet or limbs  
Rheumatism  
Gout  
Phlebitis/Clots  
Fractures

### Neurologic

Seizures  
Fainting  
Speech difficulty  
Gait

Paralysis

### Neck

Swellings

Tenderness  
Stiffness  
Thyroid/Goiter

### Respiratory

|                                |      |
|--------------------------------|------|
| Chronic cough/Asthma           | none |
| SOB                            | none |
| Hemoptysis/Chronic<br>rhinitis |      |
| Pleurisy                       | none |
| History of pneumonia           |      |

### G.I.

|                    |      |
|--------------------|------|
| Change in appetite |      |
| Nausea             | none |
| Vomiting           | none |
| Diarrhea           | none |
| Constipation       |      |
| Hematemesis        | none |
| Melena             | none |
| Change in stools   | none |
| Hemorrhoids        |      |
| Hernia             |      |

### Reproductive

Gravida / Para / AB  
LMP  
PMP  
Menses onset/regularity

Menopause  
Discharge  
Contraception  
Sexual Function  
Impotence

### Hematologic

|                   |      |
|-------------------|------|
| Anemia            |      |
| Transfusions      |      |
| Bruises           |      |
| Bleeding disorder |      |
| Lumps             | none |
| Sickle Cell       |      |

### Psychiatric

|            |      |
|------------|------|
| Depression | none |
|------------|------|

### Allergic/Immunologic

History of Hives,  
unknown cause

Memory loss/tremor

▽ Physical Examination

**Constitutional**

BP Sitting/Standing  
BP Spine  
Pulse Rate/Regularity  
Respiratory Rate  
Temp  
Weight  
Height  
Development/Nutrition/Body medium build  
Habitus  
Deformities/Attention to clean  
Grooming

**Ears**

External/Canal Rt no lesions  
External/Canal Lt no lesions  
TM Rt no inflam  
TM Lt no inflam  
Hearing normal to whisper

**Mouth**

Lips/teeth/gums nor. mucosa  
Mucosa/Salivary glands/Parotid gland no swelling  
Hard/Soft palate no lesions  
Tongue/Tonsils/Posterior pharynx no lesions

**Thorax**

Symmetry/Dimensions symm.  
Lungs/Tracheal position/crepitus trach midline; no crepitus  
Palpation  
Percussion nor. resonance  
Auscultation clear

**Cardiovascular**

Palpation of Heart no heave thrill  
Auscultation of Heart RR

**Abdomen**

Exam w/notation of any masses/tenderness no masses; no tenderness  
Exam of liver and spleen nor size  
Examination of the aorta no swelling  
Examination for presence/absence of hernia no hernia  
Exam of anus/penneum/rectum/sphincter tone nor rectal

**Head**

Description no deformities  
**Eyes**  
Lids no lesions  
Conjunctivae no injection  
Sclerae no icterus  
Cornea clear  
Iris/pupils equal reactive  
Lens clear  
  
Fundi disc sharp; vessels normal

**Nose**

Mucosa no lesions  
Septum/turbinates no swelling

**Neck**

Masses/Appearances/Symmetry sym.; no lesions  
Bruit/JVD none  
  
Thyroid nor. size; no nodules

**Limbs**

Carotid rt/lt no bruit  
Brachial rt/lt nor pulse  
  
Radial rt/lt nor pulse  
Femoral rt/lt nor pulse  
Popliteal rt/lt  
DP rt/lt nor  
PI rt/lt nor  
Edema none  
Varicosities/petechiae minimal

**Breasts**

Inspection symm  
Palpation no lumps

**Genitalia Male**

**Scrotal Contents Exam**

Testes/Epididimus no masses  
  
Cord and Canal no masses  
Exam of Penis no lesions  
Digital rectal exam of prostate nor texture; no nodules

Presence of  
hemorrhoids / rectal  
masses no mass  
Stool for occult blood neg

#### Genitalia Female

Extrenal genitalia (vulva)/  
vagina no lesions  
Urethra / Meatus  
Examination of urethra no lesions  
Examination of bladder  
Cervix no lesions  
Uterus nor size  
Rectal  
Adnexa/Parametria no swelling; no  
tenderness  
Anus / perin

#### Exam of Hand and Neck

Inspection/palpation no swelling  
ROM nor  
Stability no temor  
Muscle Strength and  
Tone nor tone

#### Exam of Right Upper Extremity

Inspection/palpation no tenderness  
ROM nor ROM  
Stability no deformity  
Muscle Strength and  
Tone nor tone

#### Exam of Right Lower Extremity

Inspection/palpation no tenderness  
ROM nor ROM  
Stability no deformity  
Muscle Strength and  
Tone nor tone

#### Skin

Inspection no lesions  
Palpation no lumps

#### Neurologic - Cranial Nerves

1st: olfactory nor snell  
2nd: optic vision clear  
3rd: occular motor nor ROM  
4th: trocheal (superior  
oblique) nor ROM  
5th: trigeminal nor sensation  
(sensory/motor)  
6th: abducens (lateral  
rectus) nor ROM

#### Lymphatic Nodes

Neck no swelling  
Axillae noswelling  
Groin no swelling  
Other

#### Musculoskeletal

Exam of gait and station nor gait  
Inspection/palpation of  
digits noswelling  
Inspection/palpation of  
nails no lesions

#### Exam of spine, ribs, and pelvis

Inspection Palpation no posture  
ROM w/notation of pain/  
age appropriate ROM  
crepitation/contracture  
Stability w/notation of any  
dislocation no dislocation  
Muscle Strength and  
Tone no tone

#### Exam of Left Upper Extremity

Inspection/palpation no tenderness  
ROM nor ROM  
Stability no deformity  
Muscle Strength and  
Tone nor tone

#### Exam of Left Lower Extremity

Inspection/palpation no tenderness  
ROM nor ROM  
Stability no deformity  
Muscle Strength and  
Tone nor tone

#### Cerebellar

Finger to Nose nor  
Heel to shin nor  
Rapid alternating  
movements nor  
Romber nor  
Reflexes symm  
Bi C5, 6, 6 rt/lt nor

|                         |                  |   |        |
|-------------------------|------------------|---|--------|
| 7th: facial             | nor motor facial | Prto C6, 7, rt/lt                         | nor    |
| 8th: auditory           | nor hearing      | Tri C7, 8 rt/lt                           | nor    |
| 9th: glossal pharyngeal | nor swallowing   | Quad L2-4 rt/lt                           | nor    |
| 10th: vagus             |                  | Ach L5-S2 rt/lt                           | nor    |
| 11th: accessory         |                  | Plantar rt/lt                             | nor    |
| 12th: hypoglossal       |                  | Superficial                               |        |
| Sensory                 | symm; nor        | Brainstem                                 |        |
| Touch                   |                  | Jaw                                       |        |
| Pain                    |                  | Gag                                       | nor    |
| Pressure                |                  | Light                                     |        |
| Vibratory               |                  | Psychiatric                               | nor MS |
|                         |                  | Discription of pt's judgement and insight |        |

### Mental Status

#### Assessment

Orientation of time, place, and person A&O x3  
 Recent and remote memory nor  
 Mood and affect nor  
 Notes:

### ▼ Assessment/Plan

### Treatment Ordered

Visit CPT Code/Charges *Hold down <ctrl> key and click to select multiple entries*  
 99214 - Office or other outpatient visit for the evaluation and mana

**Charge \$80.00**

Diagnosis 401.9 --UNSPECIFIED ESSENTIAL HYPERTENSION, 714.0 --RHEUMATOID ARTHRITIS, 715.90--  
 OSTEOARTHRITIS- UNSPECIFIED WHETHER GENERALIZED OR L

Record Daignosis to Face Sheet No

In-House Procedure Codes 20605 - Arthrocentesis aspiration and/or injection intermediate join

**Charge \$85.00**

Outside Procedure Codes 80004 - Electrolyte Panel, 80012 - Comprehensive Metabolic Panel BJC-  
 Department of Labs 1-800-654-4383

Medication Prescribed Amoxicillin-500 mgs-po-TID-#30 Walgreen's-Des Peres

Complaint Profile I

Notes

Discount RA; Start MTX.; URI

Visit Payment 0

Total Charges 10

Time til Next Visit **165**

1 Month

Data Reviewed by: